29. IN COURT COMP.

30. OUT OF COURT COMP.

34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.

Case 1. 13-cr-10143-104 Unit Hority to pay court Appointed Course 1. CIR./DIST./DIV. CODE 2. PERSON REPRESENTED 2 NYS NY MENA, JESUS 4. DIST. DKT./DEF. NUMBER 6. OTHER DKT. NUMBER 3. MAG. DKT./DEF. NUMBER 5. APPEALS DKT./DEF. NUMBER 1:13-000143-007 10. REPRESENTATION TYPE 7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGORY 9. TYPE PERSON REPRESENTED US v. FADUL Felony Adult Defendant Criminal Case 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846=ND.F -- CONSPIRACY TO DISTRIBUTE NARCOTICS 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS 13. COURT ORDER X O Appointing Counsel C Co-Counsel PALMA, RICHARD F Subs For Federal Defender R Subs For Retained Attorney Y Standby Counsel ☐ P Subs For Panel Attorney 381 PARK AVENUE SOUTH Prior Attorney's Name: SUITE 701 New York NY 10016 **Appointment Date:** ☐ Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and <u>Telephone Number:</u> (212) 686-8111 (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) □ Other (See Instructions) SEE DOCUMENT #79 Signature of Presiding Judicial Officer or By Order of the Court Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment.  $\square$  YES  $\square$  NO CLAIM FOR SERVICES AND EXPENSES FOR COURT USE ONLY TOTAL AMOUNT CLAIMED MATH/TECH ADJUSTED HOURS MATH/TECH ADJUSTED AMOUNT HOURS CLAIMED ADDITIONAL REVIEW CATEGORIES (Attach itemization of services with dates) 15. a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial n e. Sentencing Hearings C f. Revocation Hearings u g. Appeals Court h. Other (Specify on additional sheets) TOTALS: (Rate per hour = \$ a. Interviews and Conferences 16. b. Obtaining and reviewing records u t c. Legal research and brief writing d. Travel time e. Investigative and Other work (Specify on additional sheets) TOTALS: (Rate per hour = \$ 17. Travel Expenses (lodging, parking, meals, mileage, etc.) 18 Other Expenses (other than expert, transcripts, etc.) GRAND TOTALS (CLAIMED AND ADJUSTED): 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 21. CASE DISPOSITION 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION FROM . TO 22. CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number ☐ Supplemental Payment Have you previously applied to the court for compensation and/or remimbursement for this case? 

YES 

NO If yes, were you paid? 

YES 

Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? 

YES 

NO If yes, give details on additional sheets. □ VES I swear or affirm the truth or correctness of the above statements. Signature of Attorney: Date: APPROVED FOR PAYMENT -- COURT USE ONLY 23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT. APPR / CERT SIGNATURE OF THE PRESIDING JUDICIAL OFFICER DATE 28a. JUDGE / MAG. JUDGE CODE

31. TRAVEL EXPENSES

32. OTHER EXPENSES

DATE

33. TOTAL AMT. APPROVED

34a. JUDGE CODE